## PART B - FEE(S) TRANSMITTAL

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23370 7590 99/05/2008  JOHN S. PRATT, ESQ  KILPATRICK STOCKTON, LLP  1100 PEACHTREE STREET					Certificate of Mailing or Transmission I hereby certify that this Feedy Transmistal is being deposited with the United States Postal Service with autricient postage for first class mail in an envelope addressed to the Mail Stop ISSUIP FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated being					
ATLANTA, GA 30309				Lisa Normis			(Depositor's name)			
					Lin Vin			(Signature)		
		December 5, 2008			(Date)					
APPLICATION NO.	APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR ATTO			ATTO	RNEY DOCKET NO.	CONFIRMATION NO.	
10/070,560	10/070,560 04/25/2005			Hong Liang 54785-0551 (299447)				85-0551 (299447)	7039	
TITLE OF INVENTION: METHOD OF PRODUCING AND PURIFYING ENDOSTATIN PROTEIN  AREN TYPE SMALL ENTITY INSIDE FOR DUE PRINCATION FOR DUE PREV PAID INSIDE FOR TOTAL FORSIDUE DATE DUE										
APPLN. TYPE	SMALL ENTITY	IS	SUE FEE DUE	PUBLICATION FEE D	UE	PREV. PAID ISSUE FEE		TOTAL FEE(S) DUE		
nonprovisional	NO \$1440 \$0				_	\$0		\$1440	12/05/2008	
EXAMINER ART UNIT  SHAFER, SHULAMITH H 1647			CLASS-SUBCLASS							
SHAFER, SHU	435-069100									
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.65).  Change of correspondence address (or Change of Correspondence Address form PTO/SE2) attached.  The Address "indication ("Fee Address" Indication form PTO/SE47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2. For printing on the patent front page, list (I) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a 2. registered patent attorneys or agents. If no name is 3. In the control of the printed.						
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)										
PLEASE NOTE: Unless an assignce is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.										
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)										
1) The Children's Medical Center Corp. 1) Boston, MA										
2) Covance Biotechnology Services, Inc. 2) Cary, NC Please check the appropriate assignee category or categories (will not be printed on the patent):										
4a. The following fee(s) at 2 Issue Fee Publication Fee (No	Psyment of Fee(s): (Please first reapply any previously paid issue for shown above)     □ A check is enchosed.     □ A check is enclosed.     □ The Director is hereby subtorized to charge the property of the form.     □ The Director is hereby subtorized to charge the property of the form.									
5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).										
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